

dosage data. Center: Another view of a boy receiving a shot of gamma globulin. The police sergeant standing at the foot of the injection table was one of the volunteer male lifters at the Lenoir clinic. Right: Volunteer aides in the Lenoir clinic wash syringes before they are repacked and autoclaved for the next day's operation.

he handed the syringe to the guide who gave it to the worker at the first syringe wash table. The guide then helped the mother dress the child and escorted them to the exit where the child was given candy and ice cream and the mother received a leaflet, supplied by the National Foundation for Infantile Paralysis, which explained gamma globulin.

The guide then returned to the entrance to meet another parent and child.

At the first syringe wash table, the syringe and needle were flushed with washing solution, the needle was removed, and the two parts of the syringe were dismantled and fastened together with rubber bands. After the syringes were soaked for 20 minutes in a cleaning solu-

tion, they were taken to the second wash table, where they were cleaned with a bottle brush, rinsed, and placed on a clean sheet to dry. Drying was hastened by having electric fans blow over the area. When dry, syringes were not reassembled but were either wrapped in a special wrapper or in a paper towel, or they were dropped into a small envelope. They were then packed in wire baskets and returned to the hospital for autoclaving.

The programs in each of the three counties worked smoothly and efficiently, without congestion at the clinic sites, and with highest praise from parents whose children were brought to the clinics for gamma globulin administration.

Poliomyelitis Distribution In the United States, 1952

A record number of poliomyelitis cases were reported in the United States in 1952. The final figures show a total of 57,879 cases. This

Dr. C. C. Dauer, medical adviser of the National Office of Vital Statistics, Public Health Service, continues here the annual report series on poliomyelitis in the United States.

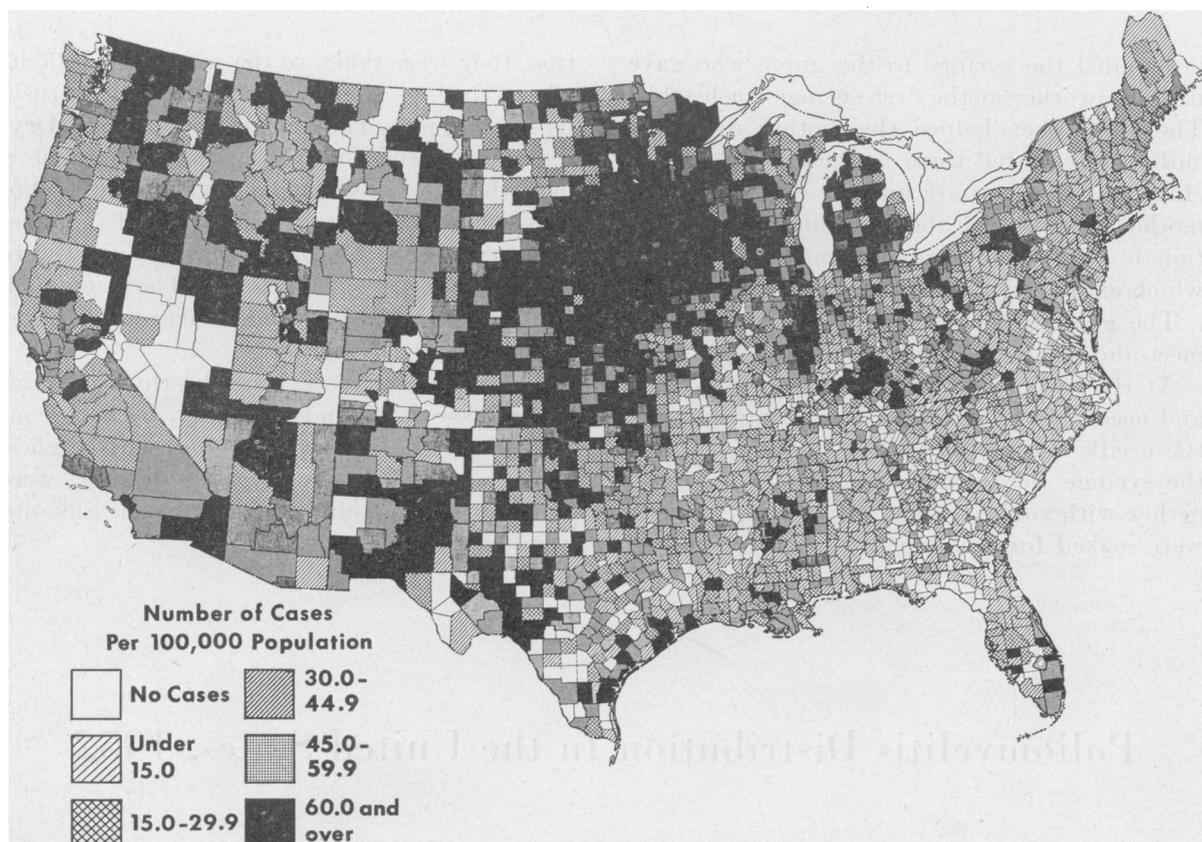
total is almost 38 percent higher than the previous high year of 1949, when a total of 42,033 cases was reported. The incidence rate in 1952 was 37.2 cases per 100,000 population, and the estimated death rate, based on a 10-percent sample of deaths registered, was 2.1. The estimated case fatality rate for the country as a whole was approximately 5 percent. Since 1916, when the rate was about 25 percent, the case fatality of the disease has declined grad-

ually. In the decade of 1930 to 1939 it was about 13 and in the following decade it was 7.5 percent.

Although Minnesota, California, Illinois, Texas, and Michigan reported the largest number of cases in 1952, the States which had the highest incidence rates were Nebraska with a rate of 163.9 cases per 100,000 population, South Dakota with 153.2, Minnesota with 136.7, Iowa with 134.7, and Kansas with 85.8. Nine other States in various sections of the country had morbidity rates in excess of 50 per 100,000.

As shown in the accompanying map the most extensive epidemic area extended diagonally across the United States from Minnesota and Wisconsin in the north to Texas and New Mexico in the southwest. Other smaller areas of high incidence are also shown.

About 37 percent of the total number of cases reported were classified as paralytic and 22 percent as nonparalytic. The status of the remaining 41 percent is unknown and is designated as unspecified.



Distribution of poliomyelitis in the United States, by county, 1952. This map is the 20th of the series showing distribution by counties in the continental United States. The first report appeared in *Public Health Reports* in 1938, and covered the years 1933 to 1937, inclusive, but subsequent reports have shown the distribution for single years. The series was begun at the suggestion of the late L. L. Lumsden, who was keenly interested in the geographic distribution of diseases, particularly tuberculosis.